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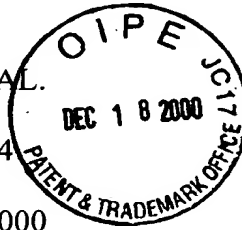
In re Application of:

MEIR S. SACKS ET AL.

Serial No.: 09/653,794

Filed: September 1, 2000

Group Art Unit 1615



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COMPOSITIONS AND METHODS  
FOR TREATING SEXUAL  
DYSFUNCTION  
:  
:  
:

: Attorney Docket No. 286262-00005

**INFORMATION DISCLOSURE STATEMENT**

December 14, 2000

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Pursuant to the provisions of 37 CFR Sections 1.56, 1.97 and 1.98,  
Applicants submit herewith copies of the references cited on the attached Form  
PTO/SB/08A for consideration during prosecution of this application.

This Statement is filed solely for the purpose of complying with the  
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Statement.

Respectfully submitted,

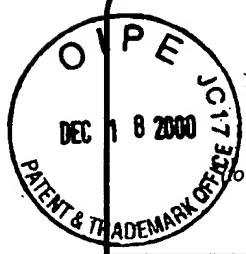
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GP-1615

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/655,794
Filing Date	September 1, 2000
First Named Inventor	Meir S. Sacks
Group Art Unit	1615
Examiner Name	
Attorney Docket Number	286262-00005

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/ Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  6 references
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Diane R. Meyers Eckert Seamans Cherin & Mellott, LLC
Signature	
Date	December 14, 2000

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 12/14/2000			
Typed or printed name	Diane R. Meyers		
Signature		Date	December 14, 2000

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